

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

MULTIPLE DEPENDENT CLAIM
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(FOR USE WITH FORM PTO-875)

9/475,704

5/19/06

CLAI

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51				2		
2			1				52				2		
3							53				2		
4			1				54				2		
5				1			55				2		
6				1			56				2		
7				2			57				2		
8				2			58				2		
9				2			59				2		
10				2			60						
11							61						
12							62						
13							63				2		
14							64				2		
15							65				2		
16							66				2		
17							67						
18							68			1			
19							69			1			
20							70				1		
21							71				1		
22							72				1		
23							73				1		
24				2			74				2		
25				2			75				2		
26				2			26						
27				2			27						
28				2			28						
29				2			29						
30				2			30						
31				2			31						
32				2			32						
33				2			33						
34				2			34						
35				2			35						
36				2			36						
37				2			37						
38				2			38						
39				2			39						
40				2			40						
41				2			41						
42				2			42						
43				2			43						
44							44						
45							45						
46							46						
47							47						
48							48						
49				2			49						
50				2			50						
TOTAL IND.							TOTAL IND.			4			
TOTAL DEP.							TOTAL DEP.			82			
TOTAL CLAIMS							TOTAL CLAIMS			86			